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Bib Data Sheet

CONFIRMATION NO. 4539

<b>SERIAL NUMBER</b> 09/814,572	<b>FILING DATE</b> 03/22/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> OP/4-31363A
<b>APPLICANTS</b> Romulus Kimbro Brazzell, Alpharetta, GA; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/191,807 03/24/2000 <i>yes K&amp;L</i> <b>** FOREIGN APPLICATIONS *****</b> <i>yes K&amp;L</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 19 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 001095				
<b>TITLE</b> Method for treating neovascularization				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	